



FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 465

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/706,638 |
| Filing Date | 11/12/2003 |
| First Named Inventor | Amit V. Patel |
| Examiner Name | Brandon Lee Jackson |
| Art Unit | 3772 |
| Attorney Docket No. | |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

| |
|--|
| |
| |

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------------|----------------------|-------|----------|
| Total Claims | <input type="text"/> | x 25 | = \$0 |
| Independent Claims | <input type="text"/> | x 105 | = \$0 |
| Multiple Dependent | <input type="text"/> | = | \$0 |

SUBTOTAL \$0

| Fee Description | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20 | 50 | 25 |
| Independent claims in excess of 3 | 210 | 105 |
| Multiple dependent claim, if not paid | 370 | 185 |

FEE CALCULATION (continued)

ADDITIONAL FEES

| | |
|---|----------------------|
| <input type="checkbox"/> Surcharge - late oath or filing fee | <input type="text"/> |
| <input type="checkbox"/> Non-English Specification | <input type="text"/> |
| <input checked="" type="checkbox"/> Extension for reply within first month | \$60 |
| <input type="checkbox"/> Extension for reply within second month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within third month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fourth month | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fifth month | <input type="text"/> |
| <input type="checkbox"/> Notice of Appeal | <input type="text"/> |
| <input type="checkbox"/> Filing a brief in support of an appeal | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unavoidable | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unintentional | <input type="text"/> |
| <input type="checkbox"/> Utility Issue Fee | <input type="text"/> |
| <input type="checkbox"/> Design Issue Fee | <input type="text"/> |
| <input type="checkbox"/> Publication Fee | <input type="text"/> |
| <input type="checkbox"/> Petitions to the Commissioner | <input type="text"/> |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$405 |
| <input type="checkbox"/> Information Disclosure Statement (IDS) | <input type="text"/> |
| Other fee - Statutory Disclaimer | <input type="text"/> |

SUBTOTAL (\$) 465

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|-----------------|-----------------------------------|------------|-----------|--------------|
| Name (Print/Type) | Manu J. Tejwani | Registration No. (Attorney/Agent) | 37,952 | Telephone | 212-408-2500 |
| Signature | | Date | 11/03/2007 | | |

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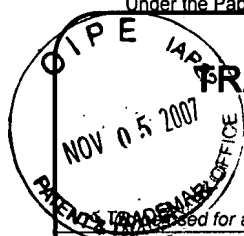
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TRANSMITTAL FORM

Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|---------------------|
| Application Number | 10/706,638 |
| Filing Date | 11/12/2003 |
| First Named Inventor | Amit V. Patel |
| Art Unit | 3772 |
| Examiner Name | Brandon Lee Jackson |
| Attorney Docket Number | |

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

Request for Continued Examination (RCE)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

Printed name

Manu J. Tejwani

Date

11/03/2007

Reg. No.

37,952

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

Typed or printed name

Manu J. Tejwani

Date

11/03/2007

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